

PLAINTIFF Ross Jay Lawson	COURT CASE NUMBER 00-6009-Civ-Dimitrouleas
DEFENDANT Broward County Dept. of Corrections, et al	TYPE OF PROCESS Summons & Complaint
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN William Hitchcock, Superintendent of BCMJ. ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 555 SE 1st Ave., Ft. Lauderdale, FL 33301

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ross Jay Lawson FL 97-9905 PO Box 9356 Ft. Lauderdale, FL 33310	Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A. <input checked="" type="checkbox"/>
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin 04 No. _____	District to Serve 04 No. _____	Signature of Authorized USMS Deputy or Clerk cm	Date 3/27/00
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I hereby certify and return that I ☒ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Shirley R. Bell, Admin. Spec. for Capt. Hitchcock	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode
Address (complete only if different than shown above)	Date of Service 3-29-00 Time 2:30 pm
	Signature of U.S. Marshal or Deputy J. B. [Signature]

Service Fee	Total Mileage Charges (including endeavors) 2	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: